



**City Of St Charles  
Two East Main Street  
St. Charles Illinois 60174**

**Residential Alterations, Repair or Additions**

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Department: Building Zoning                      Phone: (630) 377-4406                      Fax: (630) 443-4638

The following are guidelines for obtaining a building permit to construct an addition or remodel a residential building.

1. A building permit is required prior to any construction or remodeling.
  2. An application is to be filled out and submitted to the Building Department. The contractors names and addresses, phone numbers and if required their license numbers are to be filled out when submitting the application.
  3. A filing fee is to be paid at time of submission of application and plans. Please ask our office for the amount of the filing fee for your project.
    - For an alteration the filling fee is **\$100.00**
    - For an addition the filing fee is **\$100.00**

**Any additional fees for your permit will be paid at the time the permit are approved and ready to be obtained.**
  4. Two (2) sets of drawings showing the construction or remodeling details is to be submitted with the application.
  5. If application is for an addition, two (2) copies of the plat of survey, showing the location of the addition and the measurements to all of the lot lines are to be submitted with the application.

Each Zoning District has its own setbacks that must be maintained. To determine what your setbacks are, please contact our office.
  6. It is the responsibility of the homeowner/contractor to arrange to have all underground utilities located. Attached for your information is a form giving you the companies and their telephone numbers for underground locations.
  7. It is the responsibility of the homeowner/contractor to schedule with the Building Department the required inspections. The required inspections are indicated on the Plan Review form, which is attached to your permit and the Field Copy of drawings. When calling to schedule an inspection, please have the address and the permit number.
  8. **Inspections shall be called a minimum of 24 hours before they become due.**
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**J.U.L.I.E.**  
**Joint Utility Location Information for Excavators**  
**1-800-892-0123**

**Dig Number:**\_\_\_\_\_ **Date Notified:**\_\_\_\_\_

Please Note: J.U.L.I.E. requires 48 hours notice before digging.

One phone call to J.U.L.I.E. will notify all of the following public utilities. These service utilities need to be located and marked by utility representatives prior to starting any excavation, grading or other work that is below the ground surface. You will receive a Dig Number, which you should record above along with the date of notification.

| Utility                       | Color Code Marker |
|-------------------------------|-------------------|
| Electric Utilities            | Red               |
| A T & T Comcast               | Orange            |
| Northern Illinois Gas (NICOR) | Yellow            |
| Sewer Utilities               | Green             |
| Telephone Utilities           | Orange            |
| Water Utilities               | Blue              |

**BUILDING & ZONING DIVISION**  
**(630) 377-4406 OR (630) 377-4410**

Robert J. Vann  
**Building Commissioner**

Jerry Essem, Tom Medernach,  
**Building Inspector**

Steve Herra  
**Plumbing Inspector**

**DATE:**

**TO:**

**FROM:** St. Charles Building Zoning Department

**NOTICE:** The St. Charles Building Zoning Department has reviewed the plans, which were submitted:

**BY:** same

**FOR:**

**LOCATION:**

| INSPECTIONS REQUIRED                  |   | REQUIRED CODES  |  |
|---------------------------------------|---|---|--|
| <input type="checkbox"/> Footing      | <input type="checkbox"/> Rough plumbing   | <input checked="" type="checkbox"/> St. Charles Municipal Code                    |  |
| <input type="checkbox"/> Foundation   | <input type="checkbox"/> Underground plbg | <input checked="" type="checkbox"/> 1993 BOCA Basic Code w/revisions              |  |
| <input type="checkbox"/> Sewer        | <input type="checkbox"/> Floor/Slabs      | <input checked="" type="checkbox"/> 1993 BOCA Mechanical Code                     |  |
| <input type="checkbox"/> Water        | <input type="checkbox"/> Insulation       | <input checked="" type="checkbox"/> 1996 Natl Electrical Code                     |  |
| <input type="checkbox"/> Storm piping | <input type="checkbox"/> Mechanical/HVAC  | <input checked="" type="checkbox"/> 1998 IL State Plbg Code w/revisions           |  |
| <input type="checkbox"/> Electric     | <input type="checkbox"/> Final            | <input checked="" type="checkbox"/> 2000 International Residential Code/revisions |  |
| <input type="checkbox"/> Frame        | <input type="checkbox"/> other            | <input checked="" type="checkbox"/> Fire Prevention Codes                         |  |
|                                       |   | <input type="checkbox"/> IL Accessibility Codes                                   |  |

- **Re-inspection fees:** If any of the above-indicated inspections (with the exception of a final) require a re-inspection be conducted, a fee of \$40.00 for each re-inspection will be invoiced to the builder and/or owner. If the inspection is a final and requires a re-inspection, a fee of \$75.00 for each final re-inspection is to be paid at the Building and Zoning Office prior to the Final Occupancy being issued. To obtain a Temporary Certificate of Occupancy a fee of \$75.00 is required.

In review of your plans submitted to this office, the following items must be complied with per the above listed codes.  
**(Note: no facility shall be occupied or used until a final inspection has been made and a certificate of occupancy has been issued.)**

1. Compliance with above indicated codes, ordinances, and inspections required.
2. The plan review and stamped "FIELD COPY" of the plans are to be on the job site.
3. A minimum of 24-hour notice is required when scheduling any inspection.
4. Footings or trench foundations are required for additions, screened-in porches, etc.
5. Receptacles that are installed to serve countertop surfaces in kitchens must all be on GFI circuit per National Electric Code, 1996 Edition Section 210-8.
6. All exterior doors must have a dead bolt lock with no less than a one-1 inch throw.
7. Electric switch must be provided by all exterior doors (including sliding patio doors) and inside rooms to operate overhead light or wall receptacle.
8. Lights in clothes closets must be installed in compliance with the National Electrical Code, 1996 Edition, Section 410.8.
9. Exhaust fans must be piped to outside atmosphere.
10. Per Ordinance No. 1987-M-93, no open burning is allowed.
11. Vapor barrier is required under all concrete slab floors.

City of St. Charles  
Municipal Electric Office  
Two East Main Street – St. Charles IL 60174  
630/377-4407



**Electric Service Application – New Service/Upgrade**  
(Each individual service will require a complete and separate application)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Original Signature: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Application Date: \_\_\_\_\_ Requested Service Date: \_\_\_\_\_

| <b>Existing Building</b>                  | <b>Other</b>                             | <b>New Building</b>                                 |   |
|---|--|---|---|
| <input type="checkbox"/> Residential      | <input type="checkbox"/> Temp Connection | <input type="checkbox"/> Residential: Single family | <input type="checkbox"/> Single Phase 120/240 |
| <input type="checkbox"/> Commercial       | <input type="checkbox"/> Street Lights   | <input type="checkbox"/> Residential: Multi Family  | <input type="checkbox"/> Three Phase          |
| <input type="checkbox"/> Industrial       | <input type="checkbox"/> Traffic Signals | <input type="checkbox"/> estimated # of units _____ | <input type="checkbox"/> 120/208              |
| <input type="checkbox"/> Upgrade Service  | <input type="checkbox"/> New Service     | <input type="checkbox"/> Commercial                 | <input type="checkbox"/> 277/480              |
| <input type="checkbox"/> Relocate Service | <input type="checkbox"/> Relocate        | <input type="checkbox"/> Commercial: Multi Family   | <input type="checkbox"/> Other                |
| <input type="checkbox"/> Convert OH to UG | <input type="checkbox"/> Antenna Site    | <input type="checkbox"/> estimated # of units _____ |   |
|   | <input type="checkbox"/> Signage Lights  | <input type="checkbox"/> Industrial                 |   |
|   |  | <input type="checkbox"/> Other                      |   |

Service Panel: \_\_\_\_\_  
Present Rating (amps) \_\_\_\_\_ Proposed rating (amps) \_\_\_\_\_ Proposed Connected KW: \_\_\_\_\_  
Present Peak KW (Demand) \_\_\_\_\_ Estimated Peak KW (Demand) \_\_\_\_\_

**SERVICE ADDRESS**

(A complete and accurate service address is required before service may be installed)

Street Address: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot # \_\_\_\_\_ Real Estate Permanent Tax # \_\_\_\_\_  
Legal Description (attach sheet if necessary): \_\_\_\_\_  
Record Titleholder of property: \_\_\_\_\_  
If property is held in trust, identify beneficial owner (s): \_\_\_\_\_  
Address: \_\_\_\_\_

**CUSTOMER BILLING INFORMATION**

(This information will be used for utility billing purposes)

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_  
Authorized representative or agent: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**BUILDING DIVISION OFFICE USE**

Application Accepted By: \_\_\_\_\_

Date Application Received: \_\_\_\_\_

Date Payment Received: \_\_\_\_\_

Method of Payment: \_\_\_\_\_

Building Permit No.: \_\_\_\_\_

**ELECTRIC DEPARTMENT CHARGES**

Charges Calculated by: \_\_\_\_\_

Date: \_\_\_\_\_

| <u>ITEM</u>                      | <u>ACCOUNT #</u> | <u>CHARGES (\$)</u> | <u>AMOUNT PAID</u> |
|----------------------------------|------------------|---------------------|--------------------|
| Project Cost:                    | 343-15           | _____               | _____              |
| SOCC - VACANT                    | 323-10           | _____               | _____              |
| SECC: VACANT                     | 323-11           | _____               | _____              |
| SOCC:                            | 323-12           | _____               | N/A                |
| SECC:                            | 323-13           | _____               | _____              |
| Upgrade Charges:                 | 323-14           | _____               | _____              |
| Engineering:                     | 341-11           | _____               | _____              |
| Temp Connection:                 | 343-18           | _____               | _____              |
| Electric Improvement:            | 343-14           | _____               | _____              |
| Relocation                       | _____            | _____               | _____              |
| Subtotal                         |                  | _____               | N/A                |
| Less contribution- if applicable |                  | _____               | _____              |
| <b>Total Amount of Charges:</b>  |                  | _____               | _____              |



**CITY OF ST. CHARLES  
TWO EAST MAIN STREET  
ST. CHARLES, ILLINOIS 60174-1984**

**DEPARTMENT: BUILDING & ZONING**

**PHONE: (630) 377-4406**

**FAX (630) 443-4638**

**APPLICATION FOR CONSTRUCTION FOR BUILDING PERMITS**

**APPLICATION DATE:** \_\_\_\_\_ **PERMIT ISSUED** \_\_\_\_\_ **NO.:** \_\_\_\_\_

**PLEASE PRINT ALL INFORMATION**

I, \_\_\_\_\_, do hereby apply for a permit for the following described  
work located at \_\_\_\_\_ Lot \_\_\_\_\_ Unit \_\_\_\_\_

**NOTE: Is property located in the Historic Preservation District? Yes No**  
Please circle either yes or no

Subdivision \_\_\_\_\_, Type of construction \_\_\_\_\_

Description of proposed work: \_\_\_\_\_  
\_\_\_\_\_

Square feet in building \_\_\_\_\_ Estimated cost of construction \_\_\_\_\_

Use of building \_\_\_\_\_ No. & Size of electric meter \_\_\_\_\_ No. & Size of water meters \_\_\_\_\_

Remarks \_\_\_\_\_  
\_\_\_\_\_

Plans \_\_\_\_\_ Specifications \_\_\_\_\_ Plat of Survey \_\_\_\_\_

=====

***Owner of Property***

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State/Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

***Electric Contractor***

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State/Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

***General Contractor***

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State/Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

***Concrete Contractor***

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State/Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Continued on reverse side**

PLEASE PRINT ALL INFORMATION

*Plumbing Contractors*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
IL & Registration No.: \_\_\_\_\_

*Roofing Contractors*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Illinois License No: \_\_\_\_\_  
License Expiration Date: \_\_\_\_\_

*Sewer & Water Contractor*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_

*HVAC Contractor*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_

I, the undersigned, certify that if a permit is issued to me, I will comply with all provisions of the building, plumbing, electric and other applicable ordinances of the City of St. Charles and shall perform all work, or cause all work to be performed according to the provisions of said ordinances. I, or my agent, shall personally supervise the work and shall do, or cause to have done, said work according to plans, specifications and other written information supplied as a part of this application. I am familiar with the applicable ordinances and the provision thereof and in signing this application do willingly become responsible for all work accomplished under the permit by all contractors, tradesmen and workmen, and shall call for inspections as required at a minimum of 24-hours before they become due.

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Name of actual business(s) that will occupy this space \_\_\_\_\_

REPORT OF THE BUILDING OFFICIAL

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Accepted: \_\_\_\_\_ Rejected: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed: \_\_\_\_\_

For Office Use

Received \_\_\_\_\_  
Fee Paid \$ \_\_\_\_\_  
Receipt # \_\_\_\_\_

Copies of application distributed to:

Electric: \_\_\_\_\_ Engineering: \_\_\_\_\_ Fire: \_\_\_\_\_  
Meter: \_\_\_\_\_ PW: \_\_\_\_\_ Historic Preservation: \_\_\_\_\_